

NEW JERSEY DEPARTMENT OF
COMMUNITY AFFAIRS



***Small Cities Community Development
Block Grant Program***

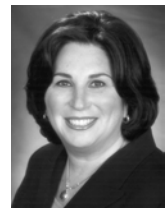
***Public Facilities Fund
2004 Application Forms***

Revised 2/04



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www.nj.gov/dca/dhcr/smallcities.htm

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PUBLIC FACILITIES APPLICATION

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PROJECT SUMMARY

1. **Name of Applicant** _____
Municipality/County _____
Address _____
City _____ Zip Code _____

2. **In _____ County**

3. **State Legislative District _____** 4. **Federal I.D. Number _____**

5. **Name of Contact Person**

Name Title Phone

6. **Name of Chief Financial Officer**

Name Title Phone

7. **Name of Project _____**

8. **Proposed Activities (Describe & Quantify Each Proposed Activity)**

9. **Source of Project Funds**

10. **Date of Public Hearing _____**

Private \$ _____

Small Cities \$ _____

Other Public \$ _____

Total \$ _____

11. **Certification:** To the best of my knowledge and belief, the data in this application are true and correct, the document has been duly authorized by the governing body of the applicant.

Name Title (Chief Elected Official)

Signature Date

PF-5

LOW / MODERATE INCOME BENEFIT CALCULATION FORM

A ÷ B = C X D = E

Program Activity Do not include Planning or Admin.	Number of Low/Moderate Income People Activity Will Serve	Total Number of People Activity Will Serve	Percent of Low/Moderate Income People Served	Amount of Funds Requested for This Activity	Amount of Funds to Benefit Low/Moderate Income People

Total of Column E ÷ Total of Column D = Overall percent to low / moderate income people

\$_____ ÷ \$_____ = %_____

Applicants documenting areawide benefit with survey data must use the Worksheet, HUD Income Guidelines and Survey Form that follow.

**LOW / MODERATE INCOME BENEFIT
WORKSHEET**

A. # of Housing Units in the Service Area: _____

B. # of Abandoned or Condemned Housing Units: _____

C. Adjusted # of Housing Units in the Service Area (A-B=C): _____

NOTE: Seasonal units are to be counted for the purpose of determining if there are sufficient responses to qualify your survey, even if they are not occupied when the survey is conducted.

D. Using C and the Table Below, Determine the Minimum # of Responses Required: _____

<u>TOTAL HOUSING UNITS IN AREA OF BENEFIT</u>	<u>% RESPONSES REQUIRED</u>
50 or less	85
51 - 100	80
101 - 200	75
201 and over	70

Using the HUD INCOME GUIDELINES and NJDCA SMALL CITIES PROGRAM INCOME SURVEY FORM, determine the following:

E. # of Income Survey Responses Obtained: _____

F. Total # of People as Reported on Income Survey Forms: _____

G. # of Low/Moderate Income People as Reported on Income Survey Forms: _____

H. % of Low/Moderate Income People (G divided by F): _____

I. Average # of People in Each Unit (F divided by E): _____

J. Total # of People in the Service Area (I x C): _____
(Enter this figure into column B of Form PF-5)

K. Total # of Low/Moderate Income People in the Service Area (J x H): _____
(Enter this figure into column A of Form PF-5)

HUD Income Guidelines 2004
(Effective 1/28/04)

County	Income Level	Household Income (\$)							
		According to # of Household Residents							
		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Atlantic	Low	21,600	24,700	27,750	30,850	33,300	35,800	38,250	40,700
	Mod*	34,550	39,500	44,400	49,350	53,300	57,250	61,200	65,150
Burlington	Low	24,100	27,500	30,950	34,400	37,150	39,900	42,650	49,800
	Mod*	38,550	44,050	49,550	55,050	59,450	63,850	68,250	72,650
Camden	Same as Burlington County								
Cape May	Same as Atlantic County								
Cumberland	Low	18,600	21,300	23,950	26,600	28,750	30,850	33,000	35,100
	Mod*	29,800	34,050	38,300	42,550	45,950	49,350	52,750	56,200
Gloucester	Same as Burlington County								
Hunterdon	Low	32,200	36,800	41,400	46,000	49,700	53,350	57,050	60,700
	Mod*	40,250	46,000	51,750	57,500	62,100	66,700	71,300	75,900
Mercer	Low	29,350	33,500	37,700	41,900	45,250	48,600	51,950	55,300
	Mod*	40,250	46,000	51,750	57,500	62,100	66,700	71,300	75,900
Monmouth	Low	27,350	31,300	35,200	39,100	42,250	45,350	48,500	51,600
	Mod*	40,250	46,000	51,750	57,500	62,100	66,700	71,300	75,900
Morris	Low	28,100	32,100	36,150	40,150	43,350	46,550	49,800	53,000
	Mod*	40,250	46,000	51,750	57,500	62,100	66,700	71,300	75,900
Passaic	Low	29,250	33,400	37,600	41,750	45,100	48,450	51,750	55,100
	Mod*	40,250	46,000	51,750	57,500	62,100	66,700	71,300	75,900
Salem	Same as Burlington County								
Somerset	Same as Hunterdon County								
Sussex	Same as Morris County								
Warren	Same as Morris County								

* *Mod* is short for Moderate

(Name of Municipality)

**NJDCA SMALL CITIES PROGRAM
INCOME SURVEY FORM**

**Interviewee
Address:**

Is this your primary residence? _____

(If the above answer is NO, STOP here. If Yes, continue with the survey.)

How many persons reside in your household? _____

Household Income Limit: \$_____
(See Household Income Limits Table Below)

**Is your total annual gross income from all sources for all persons
residing in your household above or below the income limit shown above?**

Above _____

(Check One) **Below** _____

No Response _____

Signature of Interviewer

Print Name of Interviewer

Date of Interview

Household Income Limits Table:

**1 Person Household -
2 Person Household -
3 Person Household -
4 Person Household -
5 Person Household -
6 Person Household -
7 Person Household -
8 Person Household -**

PF-8

OTHER FUNDS

ACTIVITY	FUNDING SOURCE	AMOUNT	DATE EFFECTIVE	DATE EXPIRED

Note: Include the amount and source of required matching funds.

<u>PERSONNEL:</u> (Salary & Fringe Benefits)	Estimated Cost
Total Personnel	
<u>CONSULTANTS:</u>	
Total Consultants	
<u>OTHER COSTS:</u>	
TOTAL PROGRAM ADMINISTRATION (PART I)	

**SMALL CITIES PROGRAM
BUDGET
PART II: PROGRAM ACTIVITIES**

<u>PERSONNEL:</u> (Salary & Fringe Benefits)	Estimated Cost
Total Personnel	
<u>CONSULTANTS & CONTRACT SERVICES:</u>	
Total Consultants & Contract Services	
<u>PROGRAMMATIC ACTIVITIES:</u>	
TOTAL PROGRAM ACTIVITIES (Part II)	
GRAND TOTAL ALL COSTS (PARTS I & II)	

RESOLUTION*Whereas*, the

_____ (formal name of organization)
 desires to apply for and obtain a grant from the New Jersey Department of Community Affairs
 for approximately \$ _____ to carry out a project to _____
 (dollar amount of request)

_____ (briefly describe the project)
 _____.

***Be it therefore RESOLVED*,**

1) that the _____ (formal name of organization)
 does hereby authorize the application for such a grant; and,

2) recognizes and accepts that the Department may offer a lesser or greater amount and therefore, upon receipt of the grant agreement from the New Jersey Department of Community Affairs, does further authorize the execution of any such grant agreement; and also, upon receipt of the fully executed agreement from the Department, does further authorize the expenditure of funds pursuant to the terms of the agreement between

_____ (formal name of organization)
 and the New Jersey Department of Community Affairs.

Be it further RESOLVED, that the persons whose names, titles, and signatures appear below are authorized to sign the application, and that they or their successors in said titles are authorized to sign the agreement, and any other documents necessary in connection therewith:

 (signature)

 (type or print name)

 (title)

 (signature)

 (type or print name)

 (title)

CERTIFICATION:

I, _____, the _____,
 (name of Board Secretary / Government Clerk) (title of position - Board Secretary or Government Clerk)
 of _____

(formal name of organization)
 hereby certify that at a meeting of the Board of Directors / Governing Body held on _____
 (meeting date)

the above *RESOLUTION* was duly adopted.

AFFIX GOV'T,
 CORPORATE OR _____
 NOTARY SEAL (Signature of Secretary of the Board of Directors or Government Clerk)

SAMPLE DISPLAY ADVERTISEMENT
CITIZEN PARTICIPATION -- PUBLIC HEARING REQUIREMENT
SMALL CITIES COMMUNITY DEVELOPMENT PROGRAM

Instructions to Newspaper

1. Display Ad - Non-Legal Section
2. Publish at least seven days prior to the hearing date
3. Send 1 Proof of Publication to: (Local contact and address)

PUBLIC NOTICE

The (applicant), New Jersey will hold a public hearing on (date) at (time) in the (specific building location) in (municipality), New Jersey.

The purpose of the hearing is as follows: (1) to explain federal and state guidelines, (2) to review eligible and proposed program activities, (3) to consider proposals for an application under the Small Cities Community Development Block Grant Program, and (4) to receive citizen comments and recommendations.

Total funds available: \$9,405,026

At least 70 percent of the funds available must be used for activities that primarily benefit people of low and moderate income. None of the funds requested will result in the displacement or relocation of people.

Eligible activities include:

1. Acquisition of real property;
2. Acquisition, construction, or installation of public facilities;
3. Code enforcement in deteriorated or deteriorating areas;
4. Clearance, demolition, and rehabilitation of buildings;
5. Special projects to remove architectural barriers which restrict accessibility of the elderly and handicapped;
6. Provision of public services;
7. Activities necessary to develop:
 - a comprehensive community development plan; and
 - policy planning management capacity to enable the recipient to more effectively administer the program;
8. Payment of reasonable administrative costs; and
9. Activities carried out by public or private non-profit organizations.

The (name of applicant) is proposing an application in the amount of \$ for (describe purpose -- e.g., rehabilitation of housing, reconstruction of streets -- and location).

All citizens are encouraged to offer comments at the public hearing or by writing to (municipality/county, mailing address, ATTN: contact person). Within ten days following the public hearing, written comments may also be sent to the New Jersey Department of Community Affairs, Grant Development & Contract Administration Unit, PO Box 811, Trenton, New Jersey, 08625-0811.